

Participant Enrollment Form/Investment Election Form Chicago Tube and Iron Company Employees' Profit Sharing & 401(k) Savings Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Plan ID: 02025001

Employee Name: _____ Date of Birth: ___/___/___

Street: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Hire: ___/___/___ Married: ___ Single: ___

CONTRIBUTION ELECTION

Elective Deferrals

If you are a new employee, you will contribute 3% of your eligible pay.

You may change or stop your contributions by checking one of the boxes below.

I want to change my **pre-tax** contribution to _____% or \$ _____ of compensation per pay period. (Maximum for all accounts - pre-tax and Roth contributions: \$18,500 for 2018 or \$24,500, if you are age 50 or older in 2018)

I want to change my **Roth** contribution to _____% or \$ _____ of compensation per pay period. (Maximum for all accounts - pre-tax and Roth contributions: \$18,500 for 2018 or \$24,500, if you are age 50 or older in 2018)

If you will be 50 years old or older as of the last day of the calendar year and otherwise contribute the maximum allowable amount to the Plan, you are entitled to make additional "catch up" contributions of up to \$6,000 for 2018.

I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

INVESTMENT ELECTION

I authorize all contributions to be invested as follows:

American Funds American Mutual Fund (R6)	RMFGX	_____ %
American Funds EuroPacific Growth Fund (R6)	RERGX	_____ %
American Funds SMALLCAP World Fund (R6)	RLLGX	_____ %
ClearBridge Large Cap Growth Fund (IS)	LSITX	_____ %
Vanguard 500 Index Fund (Adm)	VFIAX	_____ %
Vanguard Mid-Cap Index Fund (Adm)	VIMAX	_____ %
Vanguard Small-Cap Index Fund (Adm)	VSMAX	_____ %
American Funds Capital World Bond Fund (R6)	RCWGX	_____ %
American Funds US Govt. Securities Fund (R6)	RGVGX	_____ %
Lord Abbett High Yield Fund (I)	LAHYX	_____ %
Prudential Total Return Bond Fund (Q)	PTROX	_____ %
Am. Funds 2010 Target Date Retire. Fund (R6)	RFTTX	_____ %
Am. Funds 2015 Target Date Retire. Fund (R6)	RFJTX	_____ %
Am. Funds 2020 Target Date Retire. Fund (R6)	RRCTX	_____ %
Am. Funds 2025 Target Date Retire. Fund (R6)	RFDTX	_____ %
Am. Funds 2030 Target Date Retire. Fund (R6)	RFETX	_____ %
Am. Funds 2035 Target Date Retire. Fund (R6)	RFFTX	_____ %
Am. Funds 2040 Target Date Retire. Fund (R6)	RFGTX	_____ %
Am. Funds 2045 Target Date Retire. Fund (R6)	RFHTX	_____ %
Am. Funds 2050 Target Date Retire. Fund (R6)	RFITX	_____ %
Am. Funds 2055 Target Date Retire. Fund (R6)	RFKTX	_____ %
Am. Funds 2060 Target Date Retire. Fund (R6)	RFUTX	_____ %

American Funds American Balanced Fund (R6)	RLBGX	_____ %
Wells Fargo Stable Value Fund (55)	N/A	_____ %
Must indicate whole percentages and total 100%		100%

If you do not make a selection, contributions will be allocated to the Plan's default fund(s) until your investment elections are received. See the "How Are Plan Contributions Invested?" section of the Plan Highlights for more information.

SIGNATURES

Participant's Signature

Date

For more information about your Plan, you can call the Voice Response System at 800-878-4015 or access the Internet Site at portal.hsavision.com.

Designation of Beneficiary Form

Chicago Tube and Iron Company Employees' Profit Sharing & 401(k) Savings Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Plan ID: 02025001

Employee Name: _____

Street: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____

Date Of Birth: _____

I hereby revoke any Designation of Beneficiary I may previously have made under the above Plan and designate the following as my Beneficiary(ies) under the Plan:

Primary Beneficiary(ies)

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Must Total 100%

Contingent Beneficiary(ies)

Name	Relationship	Social Security Number	Date of Birth	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Must Total 100%

CURRENT MARITAL STATUS: (Check One)

- I am not married.** I understand that if I become married in the future, this form automatically ceases to apply and I should file a new Designation of Beneficiary.
- I am married.** If my spouse is not the only Primary Beneficiary, my spouse has signed the consent on the back of this form. (If consent of your spouse cannot be obtained – e.g., cannot be located or is incapacitated – contact your employer for information about possible alternatives.) I understand that if my marital status changes, this Designation will nevertheless remain in effect until I file a new Designation.

Participant's Signature

Date

SPOUSE'S CONSENT

I hereby approve of, and consent to, the beneficiary designation adopted by my spouse as provided above. I understand that I am entitled to receive a spouse's benefit under the Plan unless I consent to a different beneficiary designation. I also understand that the above designation has the effect of causing the death benefit under the Plan to be paid to another beneficiary. I further understand that my spouse may not change the primary beneficiary designation on the reverse side hereof without first obtaining my written consent.

Name of Spouse Spouse's Signature Date

Sworn to, and witnessed by me, this _____ day of _____ (month), _____

Name of Notary Public: _____

Notary Public's Signature: _____

If not notarized, witnessed by:

Name of Plan Administrator Plan Administrator's Signature Date

Participant Contribution Election Change Form
Chicago Tube and Iron Co. Employees' Profit Sharing & 401(k) Savings Plan

PARTICIPANT INFORMATION (Please Print Information Clearly)

Employee Name: _____ Date of Birth: ____/____/____

Street: _____ City: _____ State: ____ Zip: _____

Social Security Number: _____ Date of Hire: ____/____/____ Married: __ Single: __

CONTRIBUTION ELECTION

Elective Deferrals

- I elect to participate and contribute _____% or \$ _____ of compensation per pay period on a **pre-tax** basis. (Maximum for all accounts – pre-tax and Roth contributions: \$18,500 (or \$24,500, if you are age 50 or older by 12/31))
- I elect to participate and contribute _____% or \$ _____ of compensation per pay period to a **Roth account**. (Maximum for all accounts – pre-tax and Roth contributions: \$18,500 (or \$24,500, if you are age 50 or older by 12/31))
- I elect not to make elective deferrals until further notice. I understand that if I do not participate now, or discontinue participation, I must wait until the next available enrollment date.

I have previously made contributions to this plan and request this elective deferral change to be made effective on my _____ paycheck.

SIGNATURES

Participant's Signature

Date

Participant Rollover Instructions
Chicago Tube and Iron Co. Employees' Profit Sharing & 401(k) Savings Plan

Yes, I have a rollover.

Instructions for rolling money into the Chicago Tube and Iron Co. Employees' Profit Sharing & 401(k) Savings Plan.

1. Request distribution paperwork from your current account custodian or prior employer
2. When the paperwork is received, elect a direct rollover distribution into a qualified plan
3. Complete the lower portion of this form and return to YOUR HUMAN RESOURCE REPRESENTATIVE
4. Forward proceeds as follows with checks made payable to **TD Ameritrade Trust Co., fbo (your name)**
5. In the memo section of the check, reference account #LGB02025001
6. Include valid confirmation of origin of proceeds. If the rollover includes funds from a Roth account, please include a valid confirmation which provides the year of the first Roth Contribution and Roth Contribution Basis.

Check Instructions:
 TD Ameritrade Trust Company
 Fbo (your name)
 Howard Simon & Associates, Inc.
 304 Saunders Road
 Riverwoods, IL 60015

Wire Instructions:
 JPMorgan Chase
 ABA# 021000021
 TD Ameritrade Trust Company
 Account # 634341265
 OBI field #LGB02025001 -
 Chicago Tube and Iron Co.
 Employees' Profit Sharing &
 401(k) Savings Plan

ACH Instructions:
 JPMorgan Chase
 ABA# 102001017
 TD Ameritrade Trust Company
 Account # 634341265
 OBI field #LGB02025001 -
 Chicago Tube and Iron Co.
 Employees' Profit Sharing &
 401(k) Savings Plan

Please complete this section of the form and send to YOUR HUMAN RESOURCE REPRESENTATIVE.

Participant's Name _____ SSN _____ Phone # _____

Assets are being transferred from _____ approximate dollar amount \$ _____

Source of Funds:

- | | |
|--|---|
| <input type="checkbox"/> Qualified Plan (pre-tax) | <input type="checkbox"/> Government 457 Plan |
| <input type="checkbox"/> Roth Account | <input type="checkbox"/> Taxable IRA Accounts |
| <input type="checkbox"/> 403(b) Tax Deferred Arrangement | <input type="checkbox"/> Conduit IRA Accounts |

In the event that the trustees consent to my request, I direct that the rollover contribution be invested into my account according to my investment mix on the date of deposit. I understand that the rollover contribution will become part of my account balance under the plan and may be withdrawn only in accordance with the terms of the plan.

Participant Signature _____ Date _____

Signature of Plan Representative _____ Date _____